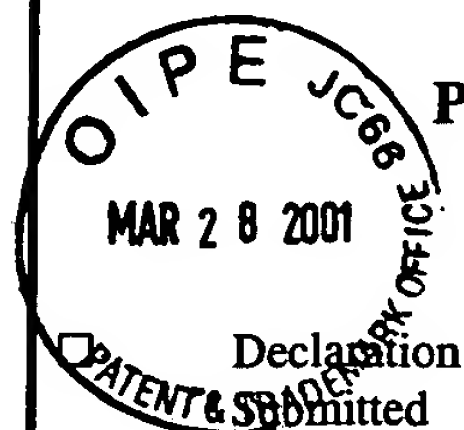


**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☐ Declaration
Submitted
with Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16(e))
required)

Attorney Docket Number

11520.0222

First Named Inventor

Suga, et al

COMPLETE IF KNOWN

Application Number

09/721,414

Filing Date

November 22, 2000

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Catalytic RNA Molecules With Aminoacylation Activity

the specification of which

(Title of the Invention)

☐ is attached hereto
OR☒ was filed on (MM/DD/YYYY) 11/22/2000 as United States Application Number or PCT International
Application Number 09/721,414 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application (Numbers)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/214,382 60/167,331	06/28/2000 11/24/1999	

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner's name/registration number listed below

Place Customer
Number Bar Code
Label Here

Name	Registration Number	Name	Registration Number
Ranjana Kadle	40,041	R. Kent Roberts	40,786
John M. DelVecchio	42,475	Michael F. Scalise	34,920
Martin G. Linihan	24,926	Patrick J. Tracy	42,187
Kevin D. McCarthy	35,278	Daniel C. Oliverio	33,435
David L. Principe	39,336	Edwin T. Bean, Jr.	16,639

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto

Direct all correspondence to: ☐ Customer Number or Bar Code Label


OR ☒ Correspondence address below

Name	Ranjana Kadle				
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Address	One M&T Plaza, Suite 2000				
City	Buffalo	State	New York	ZIP	14203-2391
Country	United States	Telephone	(716) 856-4000	Fax	(716) 849-0349

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname					
Hiroaki		Suga					
Inventor's Signature				Date	11.21.2000		
Residence: City	Williamsville	State	New York	Country	US	Citizenship	Japan
Post Office Address	41 Penwick Road						
Post Office Address							
City	Williamsville	State	New York	ZIP	14221	Country	US

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 4

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Dimitrios

Kourouklis

Inventor's
Signature

Date

11/21/00

Residence: City

Williamsville

State

New York

Country

US

Citizenship

US

Post Office Address

1525 Amherst Manor Drive, Apt. 209

Post Office Address

City

Williamsville

State

New York

ZIP

14221

Country

US

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Hirohide

Saito

Inventor's
Signature11/2
Date

11/27/00

Residence: City

Buffalo

State

New York

Country

US

Citizenship

Japan

Post Office Address

209HB Southlake Village, UB

Post Office Address

City

Buffalo

State

New York

ZIP

14261

Country

US

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Nick

Lee

Inventor's
Signature

Date

11/22/00

Residence: City

Snyder

State

New York

Country

US

Citizenship

US

Post Office Address

200 Campus Drive, Apt. 1

Post Office Address

City

Snyder

State

New York

ZIP

14226

Country

US

+

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Attorney Docket Number 11520.0222

First Named Inventor Suga, et al

COMPLETE IF KNOWN

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				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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U.S. Parent Application or PCT Parent
Number

Parent Filing Date
(MM/DD/YYYY)

Parent Patent Number
(if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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OR

☒ Registered practitioner's name/registration number listed below

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Name	Registration Number	Name	Registration Number
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Martin G. Linihan	24,926	Patrick J. Tracy	42,187
Kevin D. McCarthy	35,278	Daniel C. Oliverio	33,435
David L. Principe	39,336	Edwin T. Bean, Jr.	16,639

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Address	One M&T Plaza, Suite 2000				
City	Buffalo	State	New York	ZIP	14203-2391
Country	United States	Telephone	(716) 856-4000	Fax	(716) 849-0349

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Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Hiroaki

Suga

Inventor's Signature						Date	
Residence: City	Williamsville	State	New York	Country	US	Citizenship	Japan
Post Office Address	41 Fenwick Road						
Post Office Address							
City	Williamsville	State	New York	ZIP	14221	Country	US

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4
--------------------	--

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Dimitrios				Kourouklis			
Inventor's Signature						Date	
Residence: City		Williamsville	State	New York	Country	US	Citizenship
Post Office Address		1525 Amherst Manor Drive, Apt. 209					
Post Office Address							
City		Williamsville	State	New York	ZIP	14221	Country
							US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Hirohide				Saito			
Inventor's Signature						Date	
Residence: City		Buffalo	State	New York	Country	US	Citizenship
Post Office Address		209HB Southlake Village, UB					
Post Office Address							
City		Buffalo	State	New York	ZIP	14261	Country
							US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Nick				Lee			
Inventor's Signature						Date	
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Post Office Address		200 Campus Drive, Apt. 1					
Post Office Address							
City		Snyder	State	New York	ZIP	14226	Country
							US

+

DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 4 of 4

Name of Additional Joint Inventor, if any:☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Neil

Bonzagni

**Inventor's
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Buffalo

State

New York

Country

US

Citizenship**Post Office Address**

209HA Southlake Village, UB

Post Office Address**City**

Buffalo

State

New York

ZIP

14261

Country

US

Name of Additional Joint Inventor, if any:☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

**Inventor's
Signature****Date****Residence: City****State****Country****Citizenship****Post Office Address****Post Office Address****City****State****ZIP****Country****Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

**Inventor's
Signature****Date****Residence: City****State****Country****Citizenship****Post Office Address****Post Office Address****City****State****ZIP****Country**



 DECLARATION

 ADDITIONAL INVENTOR(S)
 Supplemental Sheet
 Page 4 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Neil				Bonzagni			
Inventor's Signature	<i>Neil Bonzagni</i>					Date	11/21/00
Residence: City	Buffalo	State	New York	Country	US	Citizenship	
Post Office Address	209HA Southlake Village, UB						
Post Office Address							
City	Buffalo	State	New York	ZIP	14261	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	